

The Special Attention of Physicians is respectfully invited to the following:

# Health Department, City of Baltimore.

Permit No. 98782 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Weigman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti Md

Duration of Residence in the City of Baltimore, 34.4.

Place of Death, { Give Street and Number. } 1039 Barre St

Cause of Death, { First (Primary), Phthisis Pulmonalis Second (Immediate), Asthenia }

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 24<sup>th</sup> 1887

{ Undertaker, A. Pinkston } W. E. Keight M. D. Medical Attendant.

{ Place of Business, 915 N. Gay St } Address, W. E. Keight & Langren, 26

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Roche

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } Carroll City Md

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, { Give street and number } No 1 Ewing St (old)

Cause of Death, { First, (Primary.) Heart failure from scarlatina  
Second, (Immediate.) Dropsy general

Duration of last Sickness, Ill about 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 24<sup>th</sup> 1887 M. D. Muhammad M. D.

Medical Attendant.

{ Undertaker, H. Pink & Son

{ Place of Business, 913 N Gay St Address, 310 N Paca St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

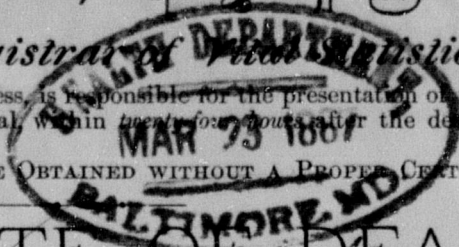
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98784 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>d</sup> 1887

Full Name of Deceased, John C. Wicker { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age,            Years,            Months, 15 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,           

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1836 Hanover St { Give Street and Number. }

Cause of Death, Malnutrition { First (Primary), }  
Diarrhea { Second (Immediate), }

Duration of Last Illness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 24 / 87

Undertaker, B. H. Hagle James A. Stewart M. D.

Place of Business, West St Address, 607 16th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

A. C. Roberts Inspector

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98785 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23rd. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antonio Scarpinich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Austria

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, { Give Street and Number. } 1806 Aisquitt Street

Cause of Death, { First (Primary), Second (Immediate), } Paralysis -

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 24<sup>th</sup> 1887

Undertaker, Stewart McKim Nicholas J. Dashiell M. D.

Medical Attendant.

Place of Business, 215 & 217 Park Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No. 98786 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 23. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Susan W. E. Cauley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Mo. d.

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, { Give Street and Number. } 110 N. Exeter St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Exhaustion. Apoplexy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 24 1887

{ Undertaker, Henry L. Means } G. G. Luck M. D.  
Medical Attendant.

{ Place of Business, #413 E. Fayette St Address, 2000 E. Baltimore }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98787 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 23<sup>rd</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos Sullivan  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 64 Years, 5 Months, 1 Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married  
Occupation, Notetuner  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD  
Duration of Residence in the City of Baltimore, 30 yrs  
Place of Death, { Give Street and Number. } 1104 Linden Hall St  
Cause of Death, { First (Primary), Second (Immediate), } Apoplexy  
Duration of Last Sickness, 2 Mts

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet  
Date of Burial, Mar 25/87  
{ Undertaker, Chas H. Jones }  
{ Place of Business, 715<sup>th</sup> 717 Light } Address, Hannover St  
R. C. Lee M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 98788 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Kesside.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Horse Doctor - for B & O. R.R. Co.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, 42

Place of Death, { Give Street and Number. } 543 W. North St

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease  
Syncope

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 25/87

Undertaker, Amstrong J. J. Flannery M. D.

Place of Business, 715/717 Light Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 98789 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Reynolds

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Col.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 384 Rose St. Apt No

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary phthisis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, North St Cemetery

Date of Burial, March 25<sup>th</sup> 1887

{ Undertaker, Samuel W. Chase J. E. Atkinson M. D. Medical Attendant.

{ Place of Business, H. S. Howard Address, 655 Cathedral Ch

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98790 Office of Registrar of Vital Statistics. Ward 16<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death, March 22<sup>nd</sup> - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. E. H. Jennings

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 6 Months, 5 Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, 3, 6, & 5

Place of Death, { Give Street and Number. } 808 Clinton St.

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Mar 24<sup>th</sup> 1887

{ Undertaker, Saml W Chase Medical Attendant, R. C. Lee M. D.

{ Place of Business, 41 S Howard St Address, Harmon St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9879

Office of Registrar of Vital Statistics.

Ward

16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

22<sup>d</sup>

March

1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rev. Wm H. Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

27

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Writer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City MD

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

811 Office av

Cause of Death,

{ First (Primary),

Second (Immediate),

Acute Rheumatism inflammatory

Pleuro-Pneumonia

Duration of Last Sickness,

2 weeks

All the above information to be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

March 24<sup>th</sup> 1887

{ Undertaker,

Paul W. Chase

L. D. Dyer

M. D.

Medical Attendant.

{ Place of Business,

41 S. Howard St

Address,

224 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]